



## Program Proposal Form

### **Program Content – Compliance and Certification**

1. I understand and acknowledge that any program produced by me using NPC-TV equipment or facilities must not contain any of the following:
  - a. Lotteries, or information about a lottery, gift enterprise or similar schemes.
  - b. Any solicitation of funds or advertising of material designed to promote the sale of commercial products or services, including but not limited to advertising by and or on the behalf of candidates for public office.
  - c. Material that violates Town, State or Federal Laws including those relating to Obscenity, Defamation, Slander, Libel, Invasion of Privacy, Trademark or Copyright.
2. I assume full responsibility for the content of all program material produced by me and cablecast by NPC-TV, and insure that such material will not violate any rights of a third party.
3. I will obtain in writing any clearances, approvals, and licenses necessary for materials contained in the programs I produce before requesting cablecasting dates.
4. I indemnify and hold harmless NPC-TV, its Board of Directors, Time Warner Cable, and/or the Towns of Norway or Paris, and their respective staffs from any claims arising out of the program material I produce for cablecast on NPC-TV.
5. I understand and agree not to use NPC-TV access equipment and or facilities to produce or cablecast programs or other materials for financial gain, and that all programs produced with NPC-TV equipment will be provided to NPC-TV prior to any use.
6. I agree to release NPC-TV from responsibility if any program material supplied by me is damaged, lost or stolen while in its custody.
7. I agree to pay all costs for repair or replacement of NPC-TV equipment that is damaged or lost while signed out to me.

Producer: \_\_\_\_\_ Organization: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

1. Program Title: \_\_\_\_\_  
\_\_\_\_\_



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_